

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal Lumbar Discogram L3-4 L4-5 L5-S1 w/ Post CT 62290, 72295, 72131

QUALIFICATIONS OF THE REVIEWER:

Physical Med & Rehab, Pain Management

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Appeal Lumbar Discogram L3-4 L4-5 L5-S1 w/ Post CT 62290, 72295, 72131 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Letter by date 2/26/2010
 2. Case assignment by dated 2/24/2010
 3. Review organization by Author unknown, dated 2/23/2010
 4. Independent review organization by Author unknown, dated 2/21/2010
 5. Letter by MD, dated 2/4/2010
 6. Clinical note by, dated 2/4/2010
 7. Letter by MD, dated 1/22/2010
 8. Clinical note by, dated 1/22/2010
 9. Procedure report by MD, dated 1/6/2010
 10. Lumbar caudal epidural by MD, dated 1/6/2010
 11. X ray lumbar spine by MD, dated 1/6/2010
 12. Clinical note by MD, dated 12/30/2009 and 2/3/2010
 13. Pain management consultation by, dated 10/22/2009
 14. MR lumbar spine without then with contrast by MD, dated 9/22/2009
 15. MRI lumbar spine with contrast by MD, dated 6/9/2008
 16. Operative report by MD, dated 2/12/2008
 17. MRI lumbar spine without gadolinium by MD, dated 6/21/2007
 18. Clinical note by Author unknown, dated unknown,
 19. Utilization review rationale by MD, dated unknown,
 20. Utilization review rationale by MD, dated unknown,
 21. Contents dated unknown,
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22. Clinical note dated unknown,
23. Clinical note dated unknown,
24. Fax page, dated 2/24/2010
25. Notice to dated 2/24/2010
26. Company request for IRO by author unknown, dated 2/23/2010
27. Request for a review by author unknown, dated 2/21/2010
28. Letter by LVN, dated 2/4/2010
29. Letter by LVN, dated 1/22/2010
30. IRO decision template by author unknown, dated unknown
31. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is reported to have slipped and fallen, with a date of injury of xx/xx/xx. She has had chronic low back pain since that time. Lumbar discogram in 2007 showed pain at all levels from L3-S1. In February 2008, she underwent L4-5 laminectomy. MRI on 9/22/09 showed L4-5 left paracentral disc protrusion with foraminal narrowing, L5-S1 small disc bulge without stenosis, and post-operative changes at L3-4 and L4-5. Lumbar epidurogram on 1/6/10 was normal. On 2/3/10, she was noted to have persistent back pain. There were no motor deficits. There was a positive straight leg raise on the left. Her treatment for the back has included opioids, NSAIDs, muscle relaxants, physical therapy, bracing, massage, stretching and epidural steroid injections. A repeat discogram is now requested. The rationale for testing is for possible pre-surgical planning. Her other medical history includes anterior C4-5 spinal fusion, bilateral carpal tunnel release and two left knee surgeries. She is reported to be on Social Security Disability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

No significant improvement in the injured employee's long term health or functional outcomes is anticipated with the requested repeat lumbar discogram with post CT. The injured employee had a slip and fall injury in xxxx and has had chronic pain issues. She is on opioids and has undergone surgery. Her symptoms have persisted despite these and other various interventions. She is reported to be on Social Security Disability. A prior discogram in 2007 is already reported to have demonstrated concordant pain at all levels tested from L3-S1. A repeat discogram is now being requested for possible pre-surgical planning, but the specific surgical interventions being considered are not documented. No psychological screen is documented. Overall, it is not evident from the records forwarded for review how reliable any findings from the discogram would be, or how the discogram would affect future management in a positive manner. The requested repeat lumbar discogram, therefore, is not medically necessary. This is in concert with ODG guidelines, which do not support this study in the setting of chronic back pain. ODG guidelines state that, "Invasive diagnostics such as provocative discography have not been proven to be accurate for diagnosing various spinal conditions, and their ability to effectively guide therapeutic choices and improve ultimate patient outcomes is uncertain." The medical literature regarding discography, in general, consists of small, suboptimally designed studies that, as a group, do not conclusively support the role of discography in the management of chronic back pain. The significant deficiencies in the literature have been outlined in various papers, including in a 2007 Pain Physician review (Buenaventura RM, et al. Pain Physician 2007;10(1):147-64). Notably, this 2007 review discussed the need for several areas of future research, including the need to correlate discography-induced pain with functional activities and the need to address the clinically important issues of "1) whether discography can select patients for treatment?; 2) whether discography can predict outcomes following surgical and non-surgical treatments?; and 3) whether symptomatic internal disc disruption exists, as a discrete anatomic/structural entity, in isolation from peripheral and central pain processes?" In 2008, Walker, et al., also concluded that, "further prospective randomized controlled studies are needed to evaluate outcomes of fusion after positive discography." These questions, unfortunately, have not been well addressed by the scientific literature to date. The recommendation is to uphold the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

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- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Gibson JN, Waddell G. Surgical interventions for lumbar disc prolapse: updated Cochrane Review. Spine. 2007 Jul 15;32(16):1735-47.

Manchikanti L, Glaser SE, Wolfer L, Derby R, Cohen SP. Systematic review of lumbar discography as a diagnostic test for chronic low back pain. Pain Physician. 2009 May-Jun;12(3):541-59.

Resnick DK, Watters WC. Lumbar disc arthroplasty: a critical review. Clin Neurosurg. 2007;54:83-7.

Saboeiro GR. Lumbar discography. Radiol Clin North Am. 2009 May;47(3):421-33.

Sharma SK, Jones JO, Zeballos PP, Irwin SA, Martin TW. The prevention of discitis during discography. Spine J. 2009 Jul 28.

van Tulder MW, Koes B, Seitsalo S, Malmivaara A. Outcome of invasive treatment modalities on back pain and sciatica: an evidence-based review. Eur Spine J. 2006 Jan;15 Suppl 1:S82-92.

Walker J 3rd, El Abd O, Isaac Z, Muzin S. Discography in practice: a clinical and historical review. Curr Rev Musculoskelet Med. 2008 Jun;1(2):69-83.

Wichman HJ. Discography: over 50 years of controversy. WMJ. 2007 Feb;106(1):27-9.

Wolfer LR, Derby R, Lee JE, Lee SH. Systematic review of lumbar provocation discography in asymptomatic subjects with a meta-analysis of false-positive rates. Pain Physician. 2008 Jul-Aug;11(4):513-38.

Work Loss Data Institute. Low back - lumbar & thoracic (acute & chronic). Corpus Christi (TX): Work Loss Data Institute; 2007 Jul 5. 393 p.